

Name  
in  
Full

Robert - Buller -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

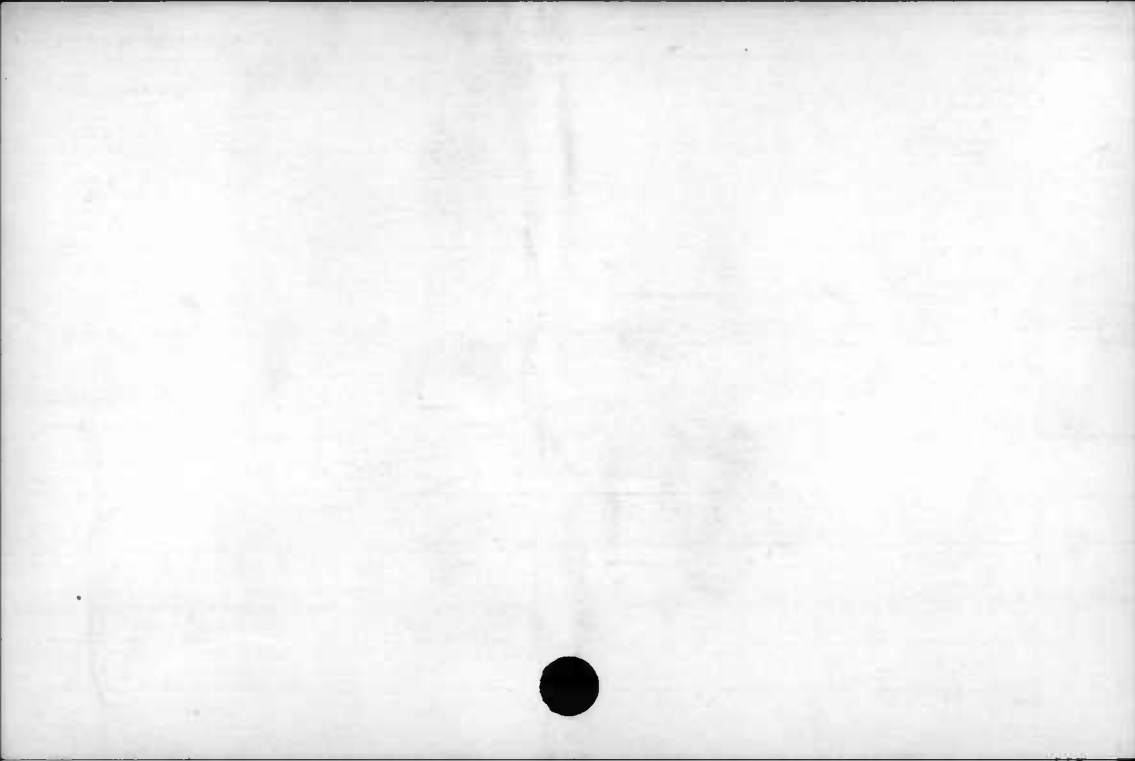
Died at <i>Bury</i> Town		<i>Choke</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>April</i>	Day <i>30</i>	Age <i>1</i> Years	Months <i>6</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>at home</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>James Buller</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mittie Brown</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>James Buller</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>Indo</i>
Immediate <i>Exhaustion</i>	How long <i>that time</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. O. Thomas</i>
	Address <i>Waco</i>
Accident or Suicide? <i>—</i>	



Name  
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## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

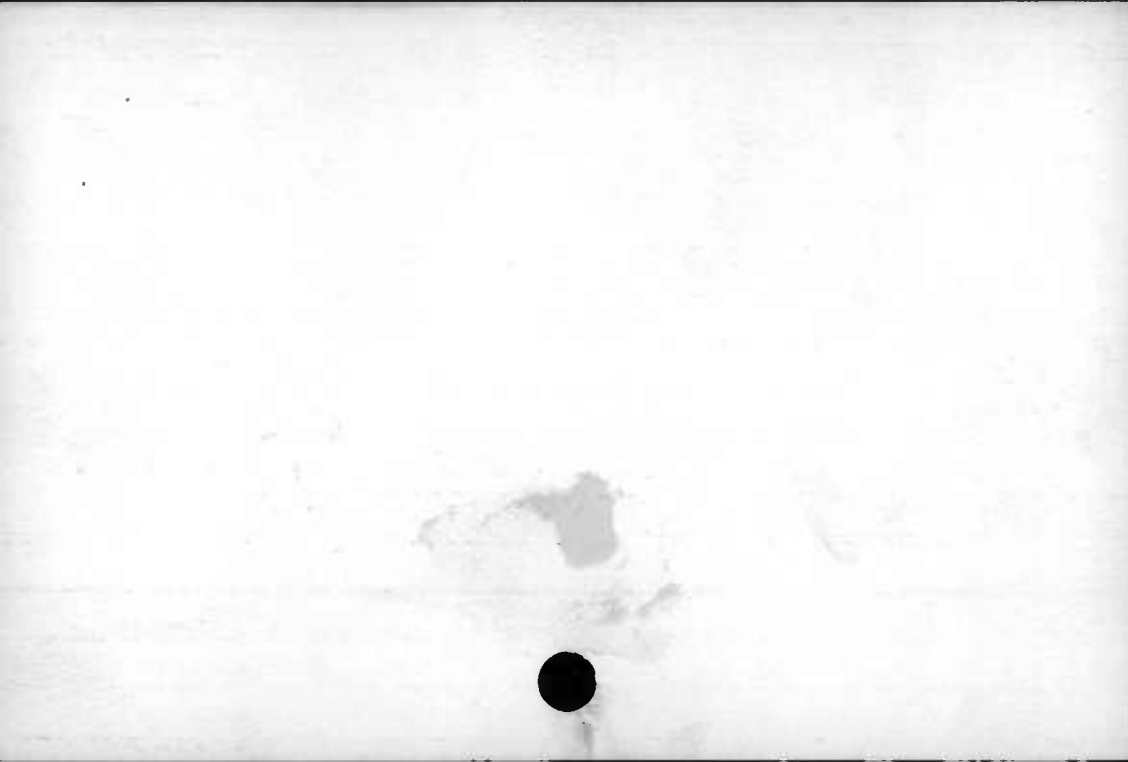
Died at		Town		County		
Newport				Ches		
Date of death	1908	Month	Apr	Day	13	
Age		Years		Months		
7						
Sex	Female	Color or Race	Colored	Birth-place	Chas Leo	
Occupation	None	Where Residing if not at place of death		Chas Leo		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Jack Campbell				Father's Birthplace	Chas Leo
Mother's Maiden Name	Rachel Whalen				Mother's Birthplace	St Marys Co
Name of person giving information	Jack Campbell				How related to deceased	Father

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Consumption	How long	Two months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. J. Galis	
Accident or Suicide?		Address	
		Crimmins Rd Cub Run	



Name  
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Full

Mirtha Carter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

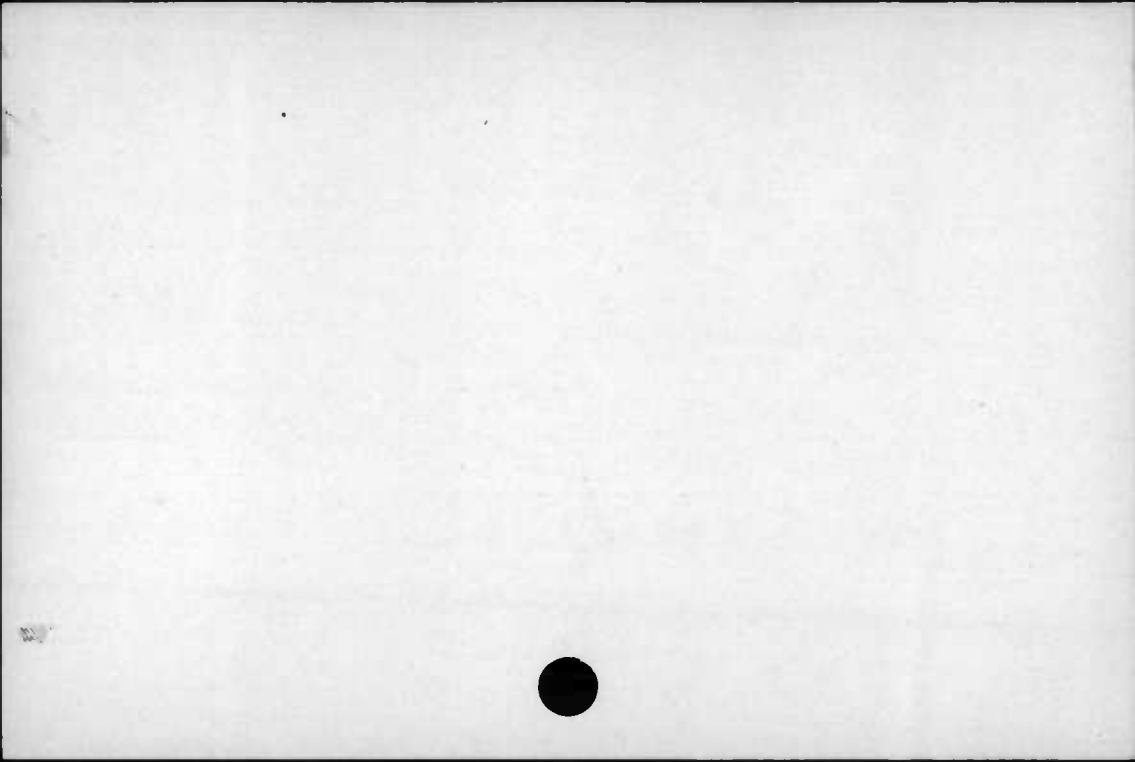
Died at <i>Nanjemoy</i> Town		<i>Charles</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>April</i>	Day <i>15</i>	Age <i>1</i>	Years <i>1</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Andrew Carter</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Maggie Craig</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>James Henon</i>			How related to deceased <i>Niece</i>		

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary	<i>Deep Cold</i>	How long	<i>2 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James H. Wheeler</i>	
		Address <i>Sub: Registrar</i>	
Accident or Suicide? <i>no</i>			

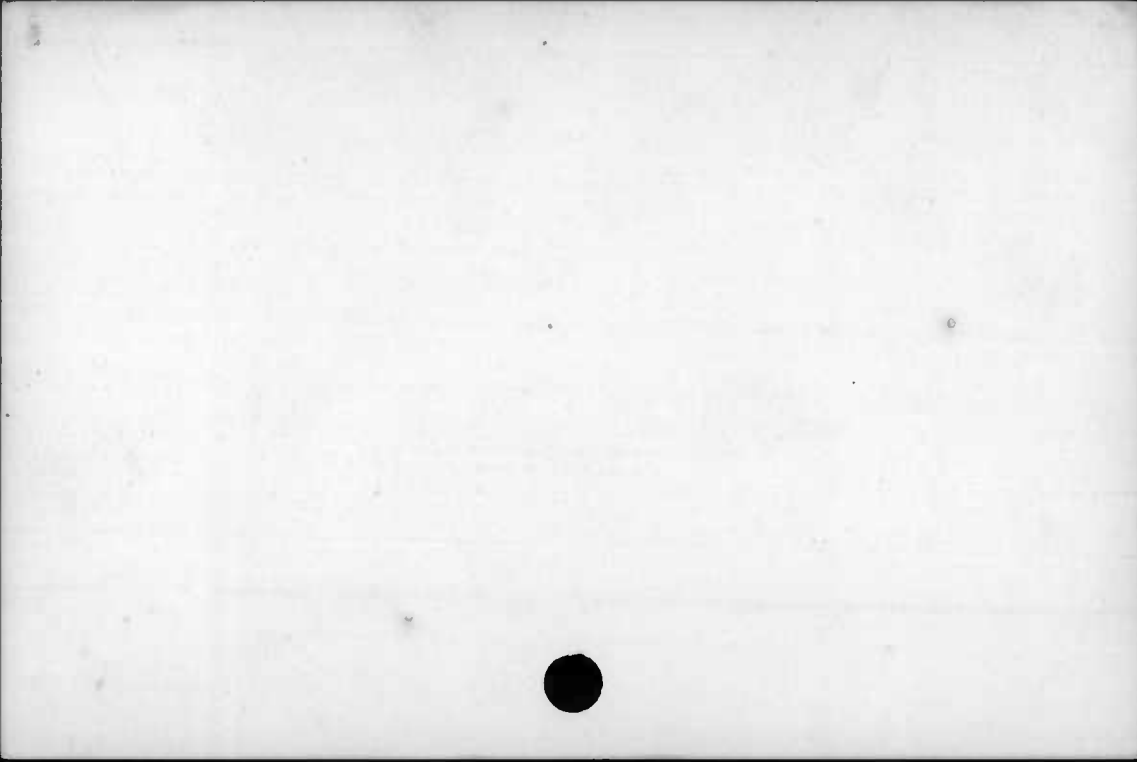


Name in Full		No name Carter				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Abicinnico</i> Town		<i>Charles</i> County		MARYLAND	
		Date of death <i>1908 Apr</i>		Day <i>10</i>		Age Years Months Days <i>3</i>	
		Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Charles Co</i>	
		Occupation <i>min</i>		Where Residing if not at place of death <i>Abicinnico md</i>			
		Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
PHYSICIAN OR CORONER		Father's Name <i>Al Carter</i>		Father's Birthplace <i>Charles Co</i>			
		Mother's Maiden Name <i>Francis Smith</i>		Mother's Birthplace <i>Charles Co</i>			
		Name of person giving information <i>Al Carter</i>		How related to deceased <i>Father</i>			
		CAUSES OF DEATH				(179)	
		Primary <i>Not Known</i>		How long <i>1 Day</i>			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W J Goble</i>			
		<i>Yes</i>		Address <i>Sub Roy Abicinnico md</i>			
		Accident or Suicide?					





Name in Full		Maud Ann Robbins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Bel Air		County Charles		MARYLAND
	Date of death	1908	Month April	Day 12	Age 18	Years 11	Months 23
	Sex	Female		Color or Race	African		Birth-place Charles Co
	Occupation	Child Nurse		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Wm Joe. Robbins				Father's Birthplace	Charles Co.
	Mother's Maiden Name	Allie Francis Bruce				Mother's Birthplace	Charles Co.
Name of person giving information	Wm J. Robbins				How related to deceased	Father	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">27</div>							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	13 months
	Immediate	Asthma				How long	2 weeks
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician E. J. [Signature]		
					Address Bel Air Md		
Accident or Suicide?							



Name  
in  
Full

Mariah Dyer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Guadalupe*<sup>County</sup> *Charles*

MARYLAND

Date of death *1908* <sup>Month</sup> *April*<sup>Day</sup> *29*<sup>Years</sup> *104* <sup>Age</sup><sup>Months</sup> *—*<sup>Days</sup> *—*Sex *Female*Color or Race *Colored*Birth-place *Md*Occupation *Servant Domestic*Where Residing if not at place of death *—*Married, Single or Widowed *Widow*Name of Wife or Husband *Edmund Dyer*Father's Name *Frank - (Do not know)*Father's Birthplace *—*Mother's Maiden Name *Jane Bowman*Mother's Birthplace *Ired*Name of person giving information *Joseph Dyer*How related to deceased *Gr. Son*

## CAUSES OF DEATH

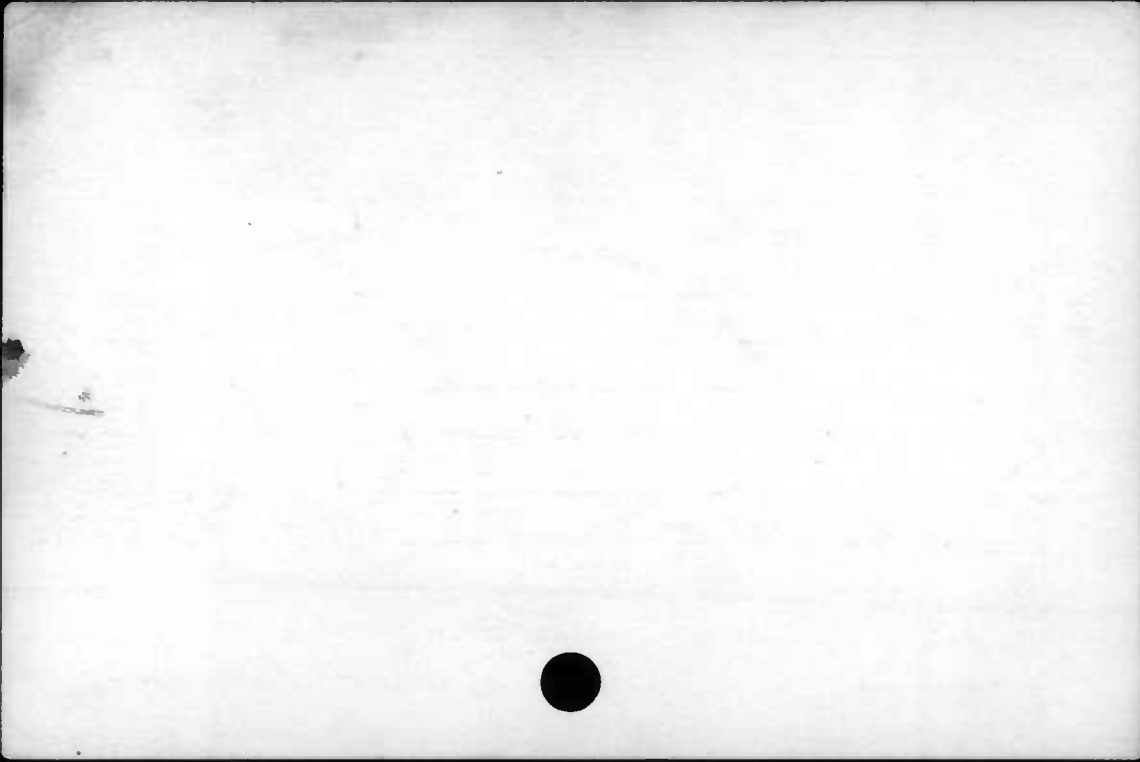
92

Primary *General debility of old age*How long *3 months*Immediate *Copious Bronchitis*How long *3 weeks*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*J. B. Bowman, M.D.,  
My address Ired*Accident or Suicide? *No*



Name  
in  
Full

Robert Higgs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>M<sup>c</sup>Bonachie</i> Town		<i>Chas</i> County		MARYLAND	
Date of death 190 <i>8</i>	Month <i>4</i>	Day <i>16</i>	Age <i>15</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Chas 6<sup>d</sup> W &amp; Q</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>		
Name of Wife or Husband <i>none</i>					
Father's Name <i>James Higgs</i>			Father's Birthplace <i>Chas 6<sup>d</sup> W &amp; Q</i>		
Mother's Maiden Name <i>Martha Gray</i>			Mother's Birthplace <i>Virginia</i>		
Name of person giving information <i>Wm Joseph Bunkmorr</i>			How related to deceased <i>No relation</i>		

*Higgs was an imbecile boy whose clothing caught afire*

## CAUSES OF DEATH

Primary	<i>Severely Burnt (fire)</i>	How long	<i>2 months</i>
Immediate	<i>Weakness</i> <b>(167)</b>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>None</i>	
Accident <i>Accident.</i>		Address <i>Wm J Brawner</i>	
		<i>Rich Reg</i>	

PHYSICIAN  
OR CORONER

W. F. Browne  
Sub Reg.

Name  
in  
Full

Addison Marbury

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Nanjemoy</u> <sup>Town</sup>		<u>Chas.</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u> <sup>Month</sup> <u>Apr</u> <sup>Day</sup> <u>26</u>		Age <u>76</u> <sup>Years</sup>		Months	Days
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>md. Va</u>			
Occupation <u>Hammer &amp; Engineer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Elizabeth H. Brawner</u>				
Father's Name <u>Leonard Marbury</u>	Father's Birthplace <u>md</u>		Mother's Birthplace <u>va</u>		
Mother's Maiden Name <u>Davis</u>	Name of person giving information <u>Robert Marburg</u>		How related to deceased <u>Son</u>		

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <u>Influenza followed by Pneumonia 10 or 12 days</u>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S. J. Speake</u>
	Address <u>Graylnt</u>
Accident or Suicide? <u></u>	





Name  
in  
Full

Madison Mason

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>newtown</u> <sup>Town</sup>		<u>Charles</u> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	April	Day	20
Age		about 75		Months	—
Sex	Male	Color or Race	colored	Birth-place	Charles tw
Occupation		farm helper			
Where Residing if not at place of death		—			
Married, Single or Widowed	married	Name of Wife or Husband	Elizabeth Mason		
Father's Name	Arion Mason		Father's Birthplace	Charles tw	
Mother's Maiden Name	Charlotte		Mother's Birthplace	—	
Name of person giving information	Richard Cooper		How related to deceased	Son in Law	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Chronic Valvular Disease of Heart	How long	4 or 5 yrs
Immediate	Cardiac Failure	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Thos. S. Owen
		Address	La Plata Md
Accident or Suicide?	no		



Name  
in  
Full

Prisilla Simms

## CERTIFICATE OF DEATH


TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Henson Town</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Apr.</i>	Day <i>17</i>	Age <i>38</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Charles Co</i>		
Occupation <i>Had none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Alex. Simms</i>			Father's Birthplace <i>Charles Co</i>		
Mother's Maiden Name <i>Emilia Adams</i>			Mother's Birthplace <i>Charles Co</i>		
Name of person giving information <i>John F. Simms</i>			How related to deceased <i>Cousin</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Fibroid Placenta</i>	How long <i>years</i>
Immediate <i>Asthma</i>	How long <i>4 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. Spencer</i>
	Address <i>Bel Air Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Arthur A Simpson

## CERTIFICATE OF DEATH

Died at *Westport* TownCounty *Charles*

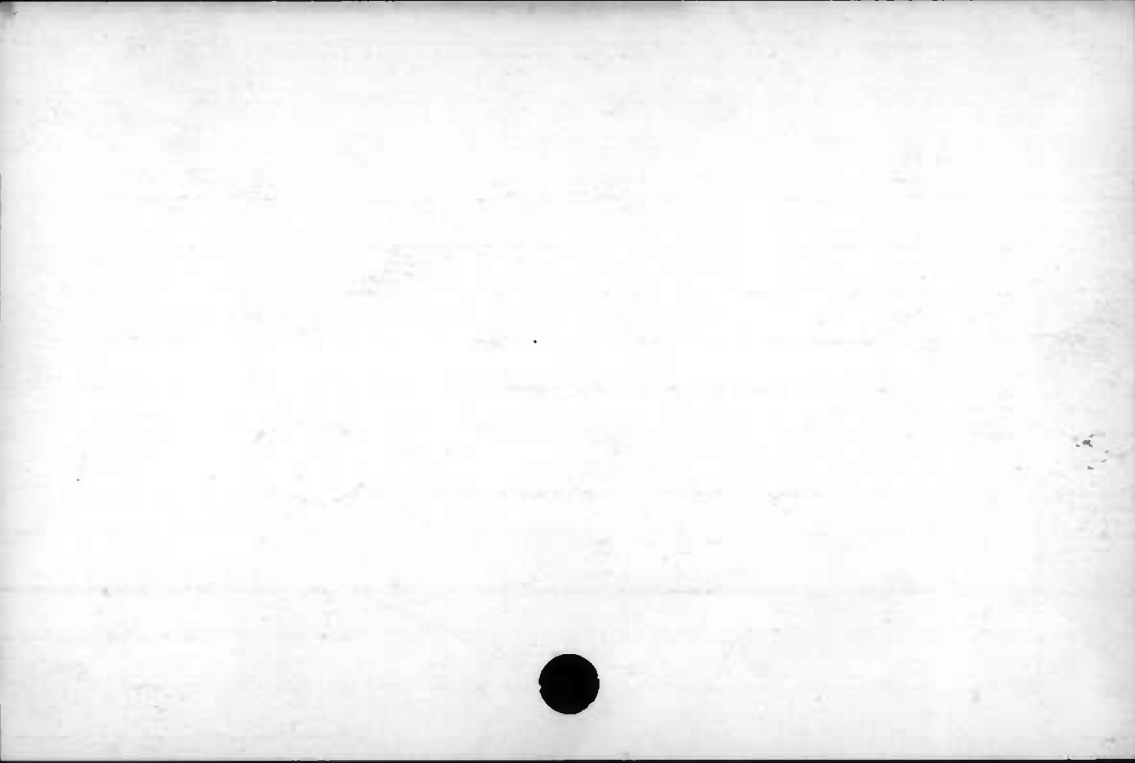
MARYLAND

Date of death *1908* Month *April*Day *23*Years *Age about 44*Months *—*Days *—*Sex *Male*Color or Race *White*Birth-place *Char Co Md*Occupation *Farmer*Where Residing If not at place of death *Westport Md*Married, Single or Widowed *Single*Name of Wife or Husband *—*Father's Name *George Simpson*Father's Birthplace *Md*Mother's Maiden Name *Amanda Slaughter*Mother's Birthplace *Md*Name of person giving information *William Whalen*How related to deceased *None*

## CAUSES OF DEATH

79

Primary *Hypertrophy of Heart*How long *about 5 years*Immediate *Collapse from aortic Exterior*How long *Sudden*Are the name, age, sex, color, date and place correctly given above? *as was*Signature of Physician *C. L. Cecil**as can be ascertained*Address *Worcester*Accident or Suicide? *—**Md*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary G. Thomas</i>		Town <i>near Myautown</i>		County <i>Charles</i>		MARYLAND	
Died at <i>near Myautown</i>							
Date of death <i>1908</i>	Month <i>4</i>	Day <i>17</i>	Age <i>14</i>	Years <i>14</i>	Months <i>—</i>	Days <i>7</i>	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>ind</i>				
Occupation <i>nothing</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Ben Thomas</i>			Father's Birthplace <i>ind</i>				
Mother's Maiden Name <i>Esther Brown</i>			Mother's Birthplace <i>ind</i>				
Name of person giving information <i>Ben Thomas</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

164

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

